YEAR

2009 Nonresident Withholding Waiver Request

588

Pa	rt I Type Of Income Payments Sub	pject To Withholding (please cl	heck appropriate box)							
□ Partnership Distributions □ Limited Liability Company (LLC) Distributions □ S Corporation Distribution Distribution Distribution Distribution Distribution Distribution Distribution Distribution Distribution Distri										
	rt II Requester Information						I ITINI			
Name of requester							☐ SSN or ITIN ☐ CA Corp. ☐ FEIN			
Add	dress (including number and street, PO Box, o	or PMB no.)			1 1	ı		Apt. no./Ste. no.		
City	,		1 1 1 1 1 1 1	1 1 1		State	ZIP Code	_		
Nar	ame of contact person Daytime telephone number				er	FAX number				
_					1 1		,) ,			
Part III Withholding Agent Information. Name of withholding agent, S corp., partnership, LLC, estate, or trust (If more than one, attach a separate list.)							SSN or ITIN CA Corp. FEIN			
Add	ress (including number and street, PO Box, o	or PMB no.)						Apt. no./Ste. no.		
City	'					State	ZIP Code	_		
Nar	ne of contact person		Daytime telephon	Daytime telephone number			FAX number			
If more space is needed, attach a separate list. Check the box if you would like a copy of the reply sent to the withholding agent.										
_	rt IV Vendor/Payee Information. (Us		-							
	me of Vendor/Payee	,		SSN	or ITIN	CA Corp	. 🗆 FEIN	Reason for Waiver		
Address State Zip Code							Request (Letter Code)			
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Na	me of Vendor/Payee			SSN	or ITIN	CA Corp	o. 🗆 FEIN	Reason for Waiver Request (Letter Code)		
Ad	dress			State	Zip Code					
lf m	nore than two Vendor/Payees, use Vendor	or/Payee Information, Page 2								
	ason For Waiver Request	51/1 ayee information, 1 age 2.								
A	Vendor/payee has California state tax returns on file for the two most recent taxable years in which the vendor/payee has a filing requirement. Vendor/payee is considered current on any outstanding tax obligations with the Franchise Tax Board.									
С	Vendor, S corporation shareholder, partner, or member is a corporation that is not qualified to do business and does not have a permanent place of business in California but is filing a tax return based on a combined report with a corporation that does have a permanent place of business in California. On an attached sheet explain fully and provide the name and California corporation number of the corporation filing the combined report. Attach a copy of Schedule R-7 from the combined report.									
D	Shareholder, partner, or member is a newly admitted S corporation shareholder, partner, or member. A newly admitted S corporation shareholder, partner, or member is any entity that becomes a shareholder, partner, or member in the above-listed S corporation, partnership, or LLC after the enc of the S corporation's, partnership's, or LLC's taxable year. Provide the date that this shareholder, partner, or member was admitted under the letter code entered in the Reason for Waiver request box above.									
<u>E</u>	Other – Attach specific reason and inc	ude substantiation that would ju	ustify a waiver of withhole	ding.						
Perjury Statement Under penalties of perjury, I declare that I have examined this request, including accompanying schedules and statements, and to the best of my knowledge and belief, it is										
	per penalties of perjury, I declare that I have e e, correct, and complete. Declaration of paid p					e dest c	or my knowie	eage and belief, it is		
Requester's name and title (type or print)										
Requester's signature							Date			

Name of Requestor		☐ SSN or ITIN ☐ CA Cor	p. FEIN
		l .	
Name of Vendor/Payee	SSN	or ITIN	Reason for Waiver Request (Letter Code)
Address	State	Zip Code	
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Address	State	Zip Code	

Instructions for Form 588

Nonresident Withholding Waiver Request

General Information

A Purpose

Use Form 588, Nonresident Withholding Waiver Request, to request a waiver on withholding payments of California source income to nonresident vendors/payees.

Do not use Form 588 to request a waiver if you are a:

- Foreign (non-U.S.) partner or member. There are no provisions in the California Revenue and Taxation Code (R&TC) to waive withholding for foreign partners or members.
- Seller of California real estate. Sellers of California real estate should use Form 593-C, Real Estate Withholding Certificate.

Form 588 does not apply to payments for wages to employees. Wage withholding is administered by the California Employment Development Department (EDD). For more information, go to their website at **www.edd.ca.gov** or contact EDD customer service at **888**.745.3886.

B Requirement

R&TC Section 18662 requires withholding of income or franchise tax on certain payments made to nonresidents for income received from California sources. The withholding rate is seven percent unless a waiver is granted by the Franchise Tax Board (FTB).

C Income Subject to Withholding

The items of income subject to withholding include, but are not limited to:

- Compensation for services performed in California by nonresidents (including payment of expenses). For more information, get FTB Pub. 1017, Resident and Nonresident Withholding Guidelines.
- Rent paid to nonresidents on commercial real or personal property located in California if the rent is paid in the course of the withholding agent's business.
- Royalties paid to nonresidents for the right to use natural resources located in California.
- Distributions of California source taxable income to nonresident beneficiaries from an estate or trust.
- Prizes and winnings received by nonresidents for contests in California.

- Distributions of California source taxable income to a domestic (nonforeign) nonresident S corporation shareholder, partner, or member. For more information, get FTB Pub. 1017.
- Allocations of California source income or gain to foreign (non-U.S.) nonresident partners or members. For more information, get FTB Pub. 1017. There are no provisions in the California R&TC to waive withholding for foreign (non-U.S.) S corporation shareholders, partners, or members.
- Other California source income paid to nonresidents.

Compensation for services includes payments for personal services rendered in California, commissions paid to salespersons or agents for orders received or sales made in California, fees for professional services rendered in California, and payments to entertainers, wrestlers, boxers, etc., for performances in California.

When compensation is paid for services performed both within and outside of California, the portion paid for services rendered in California and subject to withholding should be determined by an allocation. Refer to Form 587, Nonresident Withholding Allocation Worksheet.

Use Form 592, Quarterly Resident and Nonresident Withholding Statement, Form 592-A, Foreign Partner or Member Quarterly Withholding Remittance Statement, and Form 592-F, Foreign Partner or Member Annual Return, to report and remit withholding to the FTB.

Domestic nonresidents may use Form 589, Nonresident Reduced Withholding Request, to request the reduction in the standard seven percent withholding amount that is applicable to California source payments made to nonresidents.

D Exceptions to Withholding

Withholding is not required when:

- The payment is for goods.
- The payment is being made to a resident of California, an S corporation, a partnership, or an LLC that has a permanent place of business in California. Form 590, Withholding Exemption Certificate, can be used by vendors/payees to certify that they are residents of California or have a permanent place of business in

- California. Withholding agents should keep the signed form containing this certification and provide it to the FTB upon request. Withholding agents are relieved of the withholding requirements if they rely in good faith on a signed certification (Form 590) that the vendor/payee is a resident of California or has a permanent place of business in California. This exception does not apply, if the resident, S corporation, partnership, or LLC that has a permanent place of business in California is acting as an agent for the actual vendor/payee.
- The withholding agent's total payments of California source income to the vendor/payee are \$1,500 or less for the calendar year.
- The payments are for income from intangible personal property, such as interest and dividends, unless derived in a trade or business or the property has acquired a business situs in California.
- The payments are for services performed outside of California or for rents, royalties, and leases on property located outside of California.
- The payment is to a nonresident corporate director for director services, including attendance at board meetings.
- The vendor/payee is a tax-exempt organization under either California or federal law (provide a completed Form 590 to the withholding agent to certify).
- The vendor/payee receives a written authorization from the FTB waiving the withholding.
- The domestic (nonforeign) nonresident S corporation shareholder, partner, or member provides the S corporation, partnership, or LLC with a properly completed and signed Form 590-P, Nonresident Withholding Exemption Certificate for Previously Reported Income.
- The income of nonresident S corporation shareholders, partners, or members, including a bank or corporation, is derived from qualified investment securities of an investment partnership.

Withholding Waivers

The FTB issues a determination letter. A withholding agent must have received the determination letter authorizing a waiver of withholding before eliminating withholding on payments made to nonresidents. The withholding agent retains the waiver for a minimum of five years.

Withholding waivers issued by the FTB apply only for the limited purpose of determining the withholding obligation under R&TC Section 18662. They do not apply to the taxability of income. A withholding waiver is effective for a maximum of two years from the date the waiver is granted. If you previously received a withholding waiver and wish to have it extended, submit a new request on Form 588 and attach a copy of the original authorization letter. The acceptance of evidence submitted with the application is not binding on the FTB for any purpose other than for issuing a withholding waiver.

Specific Instructions

The withholding agent, S corporation, partnership, LLC, vendor/payee, estate, or trust may complete and sign this form.

Complete the entire form and attach the information supporting your request. Failure to include necessary information and documents may delay issuance or denial of the waiver.

Private Mail Box

Include the Private Mail Box (PMB) in the address field. Write "PMB" first, then the box number. Example: 111 Main Street PMB 123.

Part I – Check the box indicating the type of payment for which a waiver is being requested.

Part II – Enter the name, address (including PMB, if applicable), and to whose attention the withholding certificate is to be mailed. Include a daytime telephone number, with area code, so we can call if we need additional information.

Part III – Enter the information related to the withholding agent, S corporation, partnership, LLC, estate, or trust making the payments. Use a separate form or attach a list if there is more than one withholding agent.

Part IV – List the name, address and social security number (SSN), individual taxpayer identification number (ITIN), California corporation number, or federal employer identification number (FEIN) of the nonresident vendor/payee. If there are more than two Vendor/Payees enter than information on Side 2. Use additional pages as needed.

Under "Reason for Waiver Request," enter the letter code that corresponds to your reason for requesting a waiver.

If you choose Reason D, provide the date that the shareholder, partner, or member was admitted below the letter code (D) in the Reason for Waiver Request box.

If you choose Reason E, provide all of the required additional information.

If vendor/payee chooses Reason B, but does not have California taxable returns on file for the two most recent taxable years (as described in Reason A), then the resulting waiver will be effective for one year.

Part V – Sign and date the request.

When and Where to File

Submit your request for a waiver at least 21 business days before making a payment to allow the FTB time to process your request.

Mail Form 588 to:

WITHHOLDING SERVICES AND COMPLIANCE MS F182 FRANCHISE TAX BOARD PO BOX 942867 SACRAMENTO CA 94267-0651

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Fax to: 916.845.9512

Where to get Publications, Forms, and Information

By Internet: You can download, view, and print California tax forms and publications from our website at **ftb.ca.gov**.

By Phone: To have publications or forms mailed to you, or to get additional nonresident withholding information, contact Withholding Services and Compliance at the address or automated number below:

WITHHOLDING SERVICES AND COMPLIANCE MS F182 FRANCHISE TAX BOARD PO BOX 942867 SACRAMENTO CA 94267-0651

Telephone: **888.**792.4900

916.845.4900 (not toll-free)

Fax: 916.845.9512

Where to get Publications, Forms, and Information Unrelated to Nonresident Withholding

By Automated Phone Service: Use this service to check the status of your refund, order California forms, obtain payment and balance due information, and hear recorded answers to general questions. This service is available 24 hours a day, 7 days a week, in English and Spanish.

From within the

Follow the recorded instructions. Have paper and pencil handy to take notes.

By Mail: Allow two weeks to receive your order. If you live outside of California, allow three weeks to receive your order. Write to:

TAX FORMS REQUEST UNIT MS F284 FRANCHISE TAX BOARD PO BOX 307 RANCHO CORDOVA CA 95741-0307

In Person: Many libraries now have internet access. A nominal fee may apply to download, view, and print California forms and publications. Employees at libraries cannot provide tax information or assistance.

Assistance for persons with disabilities We comply with the Americans with Disabilities Act. Persons with hearing or speech impairments call:

TTY/TDD: 800.822.6268

Asistencia para personas

discapacitadas. Nosotros estamos en conformidad con el Acta de Americanos Discapacitados. Personas con problemas auditivos o dificultad con el habla pueden llamar al TTY/TDD 800.822.6268.